



DENTAL FORM

Date: _____

Pet name: _____ Owner name: _____

Contact number for today: _____ Secondary contact: _____

Additional Requests/Procedures: _____

As with any surgical procedure, dental cleanings require general anesthesia. Anesthesia can carry certain risks and potential complications. To minimize these risks, we require pre-anesthetic blood work and IV catheters for all procedures involving general anesthesia.

Previous health concerns or problems: _____

Current Medications: _____

Some animals have such severe dental disease that tooth extractions are required to remove the source for pain, infection, and inflammation. Animals do not require all of their teeth to chew. Today's diets, even dry ones, are formulated for animals to be able to eat without teeth. Loose or infected teeth are painful and can lead to significant complications when left in place. The veterinarians take every step to salvage teeth, but often extraction is best for the animal.

I authorize all necessary tooth extractions. ____

I would like the doctor/technician to call prior to extractions. If I am unavailable, I understand than the decision for extractions will be at the doctor's discretion. ____

While your pet is under anesthesia, we can implant an identification **Microchip**. These chips have helped reunite thousands of lost pets. The microchips are pain free and do not cause any problems as your pet ages. We strongly recommend having all companion animals receive microchips for identification purposes. Yes ___ No ___

I have read and understand the above information. I give permission for the procedure and agree to full payment at completion of services.

Signature: _____ Date: _____

***Our staff will call you at completion of the procedure. Please do not feed your pet after midnight the night before the procedure.